- 1 ( Document 72

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U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

		·	\	100	11.1				
PLAINTIFF <	LAINTIFF JIMMIE LEWIS						COURT CASE NUMBER CA NO. 05 - 013 BM		
DEFENDANT						TYPE OF PROCESS	5 - 013		
	* -	SNER				9/6			
SERVE {		TER_ 15	A e	O AT T	or describ	TION OF PROPERTY THE		ONDEMN	
AT	130/ E.1		•	_	€ 19	809			
SEND NOTICE	OF SERVICE COPY TO	REQUESTER AT	NAME AND	ADDRESS BELOW:	-	of process to be	U		
J	ImmIE h	EWIS SE	11#501	6622	l served	with this Form - 285	7		
D	TMMIE h EL. CORR.	CENTE	3P-	•		of parties to be	44		
. 11	181 PADDO	CR Pr	)		l served	in this case	1 1		
ISNYRNA 10E 19977						Check for service on U.S.A.			
	RUCTIONS OR OTHER			SIST IN EXPEDITIN	G SERVICE	(Include Business and	Alternate Addre	sses, All	
E 14 *	ers, and Estimated Times				7/10	-lac 3h	a 105	Fold	
C	complAIN	TS A	RE DI	TEO i	///8	106, 310			
_					11	105, 101	12/15		
(	FORMA	PACIP	ERIS,	)	1 / 6 /		5700		
Signature of Attor	rney or other Originator rec	uesting service on	behalf of:	☐ PLAINTIFF	TELEPI	HOME NUMBER	DATE /	1	
Jim	nie X.	ews		□ DEFENDAN		[A	_ 7/17	106	
SPACE B	ELOW FOR US	E OF U.S.	MARSHA	L ONLY — D	O NOT	WRITE BELO	OW THIS	LINE	
					orized USM:	ed USMS Deputy or Clerk		c	
number of process indicated. (Sign only first USM 285 if more of Origin of O					<b>B</b> F		10	-4-0	
than one USM 28		No	No	- L		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	
on the individual,	nd return that I have person, company, corporation, etc	sonally served, □ ., at the address sh	nave legal cylder lown above or on	nce of service, 🗀 have the individual, compa	executed as my, corporati	on, etc., shown at the ac	dress inserted bel	ow.	
☐ I hereby cert	ify and return that I am	inable to locate the	he individual, co	ompany, corporation,	etc., named	above (See remarks be	elow)		
Name and title of	of individual served (if no	t shown above)					suitable age and		
Ann	Carlton.	Adl	min o	Officer		cretion then usual place	residing in the de of abode.	fendant's	
Address (complet	te only if different than sho	wn above)				Date of Service	Time	am	
						10/5/06	900	pm	
						Signature of U.S	Marshal or De	puty	
					,		<u> </u>		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount or	wed to U.S. Marshal or	Amount of R	efund	
							2		
REMARKS:							130 90	ER	
							)CT	5.5 5.5	
							9-	127	
							,,	2001	

FORM USM 285 (Rev. 12/15/80)